## L09000057654

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
PICK-UP WAIT MAIL  (Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

FEB 11 2010

**EXAMINER** 

Office Use Only



900167295519

02/10/10--01009--020 \*\*25.00

2010 FEB-10 PM 3: 58
SECRETARY OF STATE
AND STATE
AND SEEL FLORID.

## **COVER LETTER**

TO:	Registration Secti Division of Corpo				
SUBJECT: SAL			9 HOLDING LLC		
SOBJE		Name of Limi	ted Liability Company		
The end	closed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please return all correspondence concerning this matter to the following:					``````````````````````````````````````
			ERIC AMSALLEM		-
			Name of Person		,
		E	RIC'AMSALLEM LLC		
			Firm/Company	_	2010 SE1
		310	ARTHUR GODFREY	RD	2010 FEB 10 SECKETARY
			Address		ASSI T
	MIAMI BEACH FL 33140				
	City/State and Zip Code		PH 3: OF STA		
		ERIC@	MYCOACHREALTY.	СОМ	71E 11DA
		·	to be used for future annual repo	rt notification)	
For fur	ther information con-	cerning this matter, please o	call:		
	ERIC /	AMSALLEM	at ( 1 )	786-985-1374	
	Name of P	erson	Area Code &	Daytime Telephone Numbe	r.
Enclose	ed is a check for the	following amount:			
\$25	.00 Filing Fee [	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certified	ate of Status &
	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	Registration Division of Clifton Buil	Corporations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Li</u>	ability Company as it now appear	rs on our records.)	•		
(AFI	orida Limited Liability Company)		2010 TAL		
The Articles of Organization for this Limited Liab	ility Company were filed on	06/15/2009	and assigned		
Florida document numberL09000576	<u>54</u> .		25 - E		
			SKE O TO		
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ne limited liability company her	<u>e</u> :	3: 58 STATE LORIDA		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compa	any," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET)	ADDRESS)	_			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u></u>				
B. If amending the registered agent and/or registered agent and/or the new registered office	0	our records, <u>ente</u>	r the name of the nev		
Name of New Registered Agent:					
New Registered Office Address:					
<del></del>	Enter Florida street address				
		, Florida _			
	City		Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	PANTEIX, PIERRE	1141 SW 20TH AV BOCA RATON EL 33486 US	Add Remove
MGR_	SITA AUBERGE	C.24 , CG CHIE MKLE BRAZZAVILLE CONGO	✓ Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
			SECHALDARY ALLAHASSE
			Add Company
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necess	
Dated $\frac{-}{2}$	- 8 201	0 . 1	
		inner of authorized representative of a member	
		yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00